

# MILDRED DOROW ERICKSON MEMORIAL SCHOLARSHIP

For St. John's Circle of Care Employees

- Purpose:** To encourage and support post-secondary health care education for St. John's Circle of Care health care personnel who exhibit an exceptional degree of kindness and true compassion toward the residents in their care.
- Eligible Persons:** St. John student volunteers who desire to pursue post-secondary health care education in preparation for careers in health care, or Current St. John health care personnel who desire to advance their professional training as health care workers.
- Award:** A certificate of award will be given annually to the person judged to be the most deserving applicant. The certificate will be redeemable for a \$500 scholarship stipend upon successful completion of the first semester or quarter of study leading to a post-secondary degree or certification in one of the health care services.
- Selection Criteria** Applicants for the scholarship must be formally nominated to receive the award by one or more of the following: Resident Council, employee or volunteer workers who are currently serving the residents at St. John's Circle of Care.
- **All nominations are due to the St. John's Foundation no later than April 7<sup>th</sup>, 2023**
  - All nominees will receive and complete an application for the scholarship and submit it for screening. The application will include, but not be limited to:
    1. a high school transcript of grades
    2. a record of work experience and/or extracurricular activities
    3. at least three letters of recommendation from teachers, co-workers and supervisors; and
    4. a description of:
      - a. the most meaningful conversation the applicant has had with one of St. John's residents and
      - b. the way(s) the applicant has personally benefited from working at St. John's
  - A member of Mildred Dorow Erickson's family will select one person to receive the scholarship each year from among no more than three applicants recommended by the St. John Lutheran Home Scholarship Committee.

**Nomination Form**

**Mildred Dorow Erickson Memorial Scholarship for St. John's Circle of Care  
Employees**

Name of Nominee \_\_\_\_\_

Nominee's Position at St. John's Circle of Care \_\_\_\_\_

Nominee's Career Goal(s) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Brief Description of attributes that you feel make the nominee a good candidate for this scholarship

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Nominated by \_\_\_\_\_ Date \_\_\_\_\_

(Signature)

Nominator's Affiliation: Please check one below

\_\_\_ Employee of St. John's

\_\_\_ Volunteer at St. John's